APPENDIX G

NC AHEC

RECRUIT
TRAIN
RETAIN

Overview

- Context
- Actions
  - Proposed Pathway to Primary Care
  - NC Center on the Workforce for Health
  - Preceptors
  - Primary Care Payment Reform Task Force

Attachment: Information from the Report

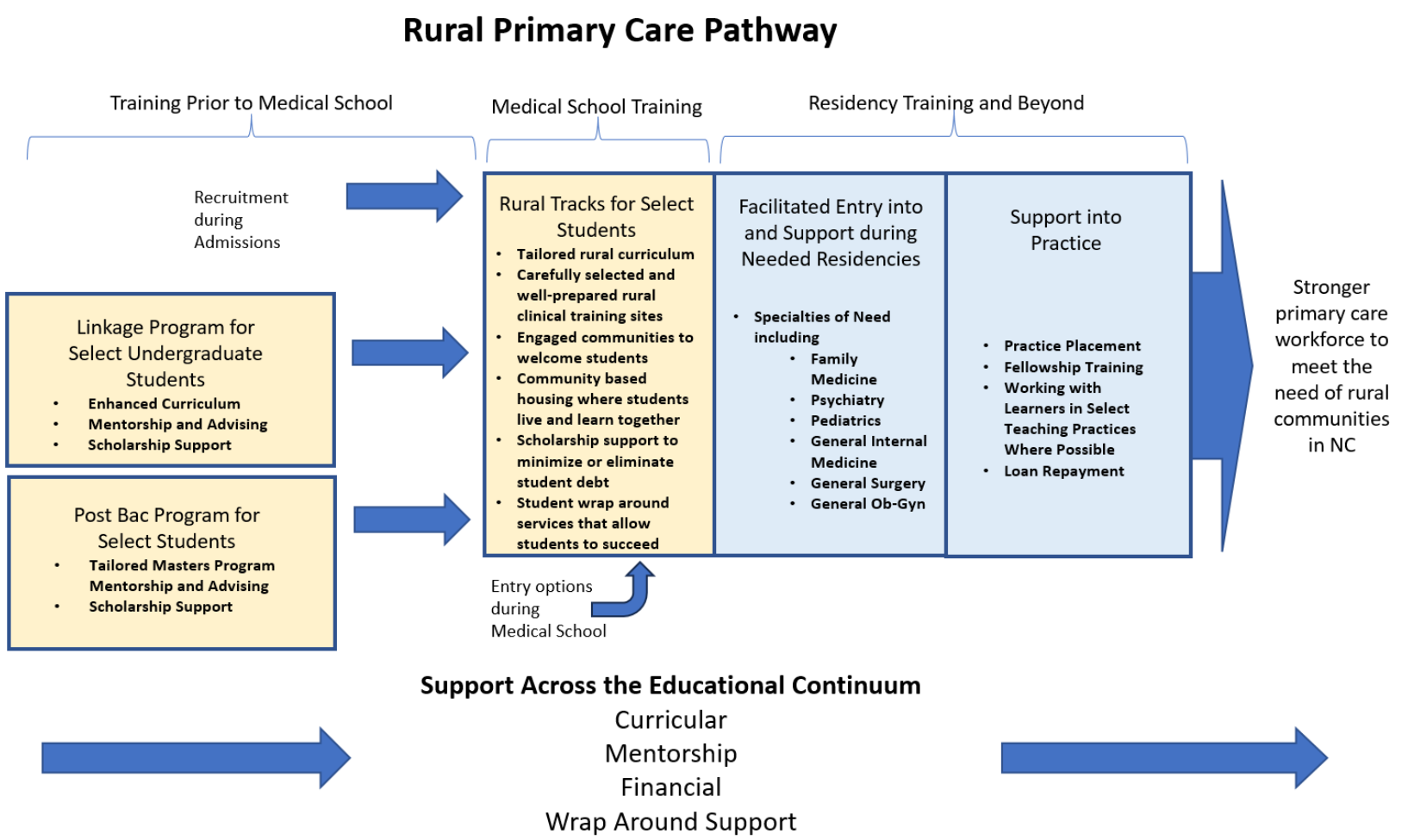
Context

- Training primary care physicians who work in rural North Carolina is one part of our medical schools' goals – NC medical schools:
  - conduct life saving research and train researchers
  - train needed specialists who work throughout NC
  - train primary care physicians who work throughout NC
- Medical students choose their specialty weighing many factors
  - See Appendix A of the Report for approaches schools have adopted to encourage students to choose rural primary care
  - Next year: Will include reporting on NC residencies in addition to NC Medical Schools

Proposed Pathway to Rural Primary Care

- Students are more likely to choose rural primary care when they
  - are from rural communities
  - train in rural communities, especially residencies, and
  - are supported in practice
- UNC School of Medicine and ECU Brody School of Medicine are working to develop intentional programming to respond to these factors. Goals are
  - Produce more rural primary care doctors
  - Pilot and then expand to any willing NC medical school
  - Articulate opportunities for aligned investments (e.g., scholarships, residencies)

Proposed Pathway to Rural Primary Care



NC Center on the Workforce for Health

- The place where stakeholders engage to plan, coordinate and persist to implement solutions to health workforce shortages
  - Builds on AHEC, Sheps and NCIOM strengths
  - Received philanthropy funding to start work including hiring staff
- Partnering with NC Chamber Foundation to deploy Talent Pipeline Management (TPM) throughout NC (all nine AHEC Regions)
  - a proven methodology to apply supply chain management principles to the development and support of the workforce.
  - engages employers to better define their workforce needs so they, educators and others in their community can more intentionally and persistently respond to those data-driven needs.

Preceptors

- Budget authorized and funded NC AHEC to
  - Study the availability of community preceptors in North Carolina and nearby states and the demand for those preceptors, including factors that influence the supply and barriers that community-based outpatient clinicians face in teaching healthcare professional students.
  - Coordinate the development and operation of up to five rural interprofessional teaching hubs and report on:
    - The financial impact of providing these services on a community-based medical teaching practice.
    - The impact of the teaching sites on the learning and success of students and the health and well-being of the respective service areas for each site.

Primary Care Payment Reform Task Force

- S595, Establish Primary Care Payment Reform Task Force, requires Medicaid to convene a task force to study the primary care payment landscape in other states, specifically considering states that have implemented a minimum primary care spend
- One premise is that the current payment rates by insurers create a financial disincentive for medical students to choose primary care as their specialty
- The Task Force recommended defining and measuring primary care spend in NC and gradually increasing “target” spend amounts

Questions/Discussion

Annual Report Summary
(For Information, Not Discussion)

Outcomes of NC Medical School Grads: How Many Stay in Practice in NC, in Primary Care, and in High Need Areas?

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Research Associate**, Sheps Health Workforce NC**
Cecil G. *Sheps Center for Health Services Research*

UNC Board of Governor's Meeting

April 19th, 2023

NC AHEC | RECRUIT TRAIN RETAIN | SHEPS HEALTH WORKFORCE NC | UNC THE CECIL G. SHEPS CENTER FOR HEALTH SERVICES RESEARCH

Who we are and what we do

NORTH CAROLINA AHEC

- **Mission:** provide and support educational activities and services with a focus on primary care in rural communities and those with less access to resources to recruit, train, and retain the workforce needed to create a healthy North Carolina.

- **Vision:** a state where everyone in North Carolina is healthy and supported by an appropriate and well-trained health workforce that reflects the communities it serves.

SHEPS HEALTH WORKFORCE NC

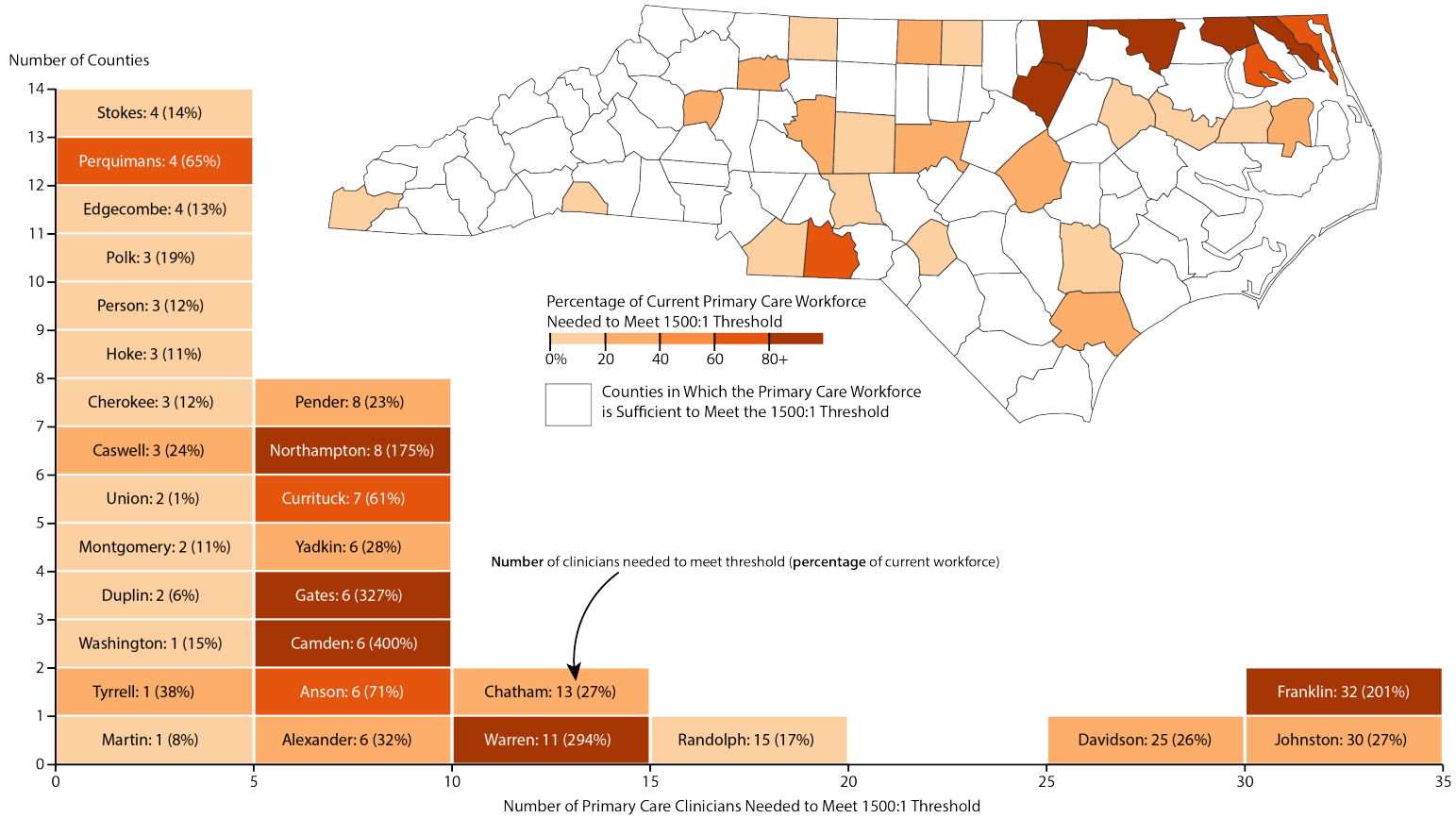
Mission: to provide timely, objective data and analysis to inform health workforce policy in North Carolina and the United States

- Based at Cecil G. Sheps Center for Health Services within UNC-CH, but mission is statewide
- Independent of government and health care professionals
- Maintain the NC Health Professions Data System, a collaboration between the Sheps Center, NC AHEC and NC's health professions licensing boards

Summary

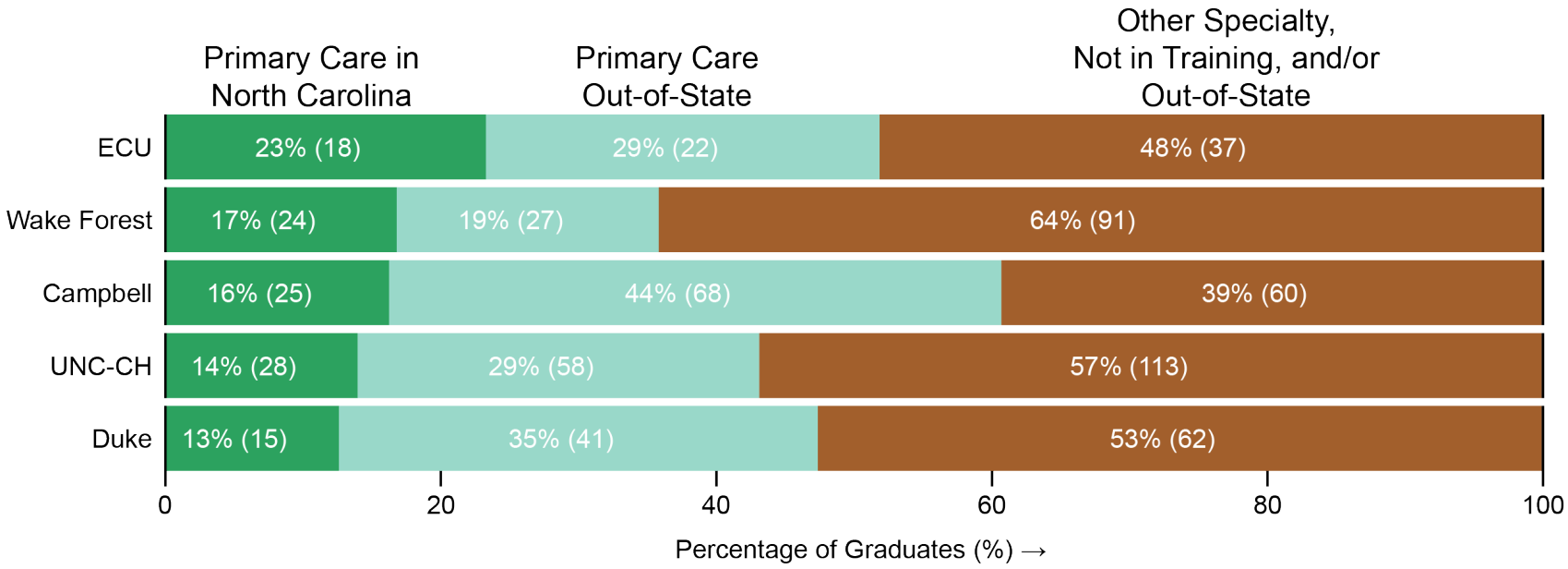
- Relatively few grads (~2-3%) are retained in primary care in rural North Carolina
- But with Campbell opening, the pool of graduates has increased, resulting in greater numbers in rural primary care.
- Overall in-state retention continues to be highest for public medical schools.
- Next year, we plan to include a report on graduate medical education outcomes.
- We are taking action to improve health workforce planning in the state, including physician supply
- Appendices include information from medical schools and proposed pilot pathway to primary care

Many Counties in NC had more than 1500 people to 1 Primary Care Clinician between 2017 - 2021



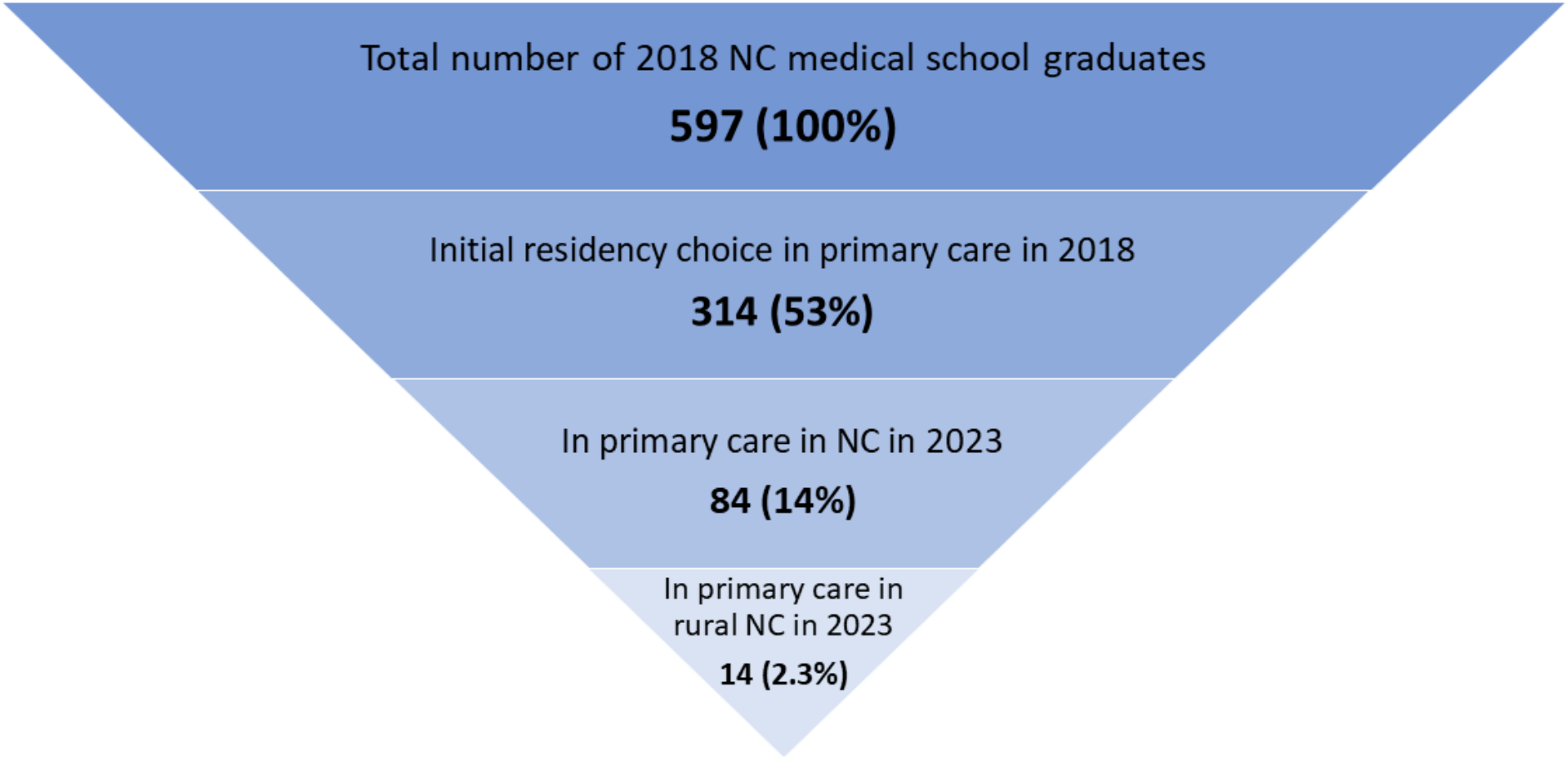
Notes: Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31 of each year. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management (https://www.osbm.nc.gov/demog/county-projections).

Graduating Class of 2023 – Initial Matches to Primary Care* in NC



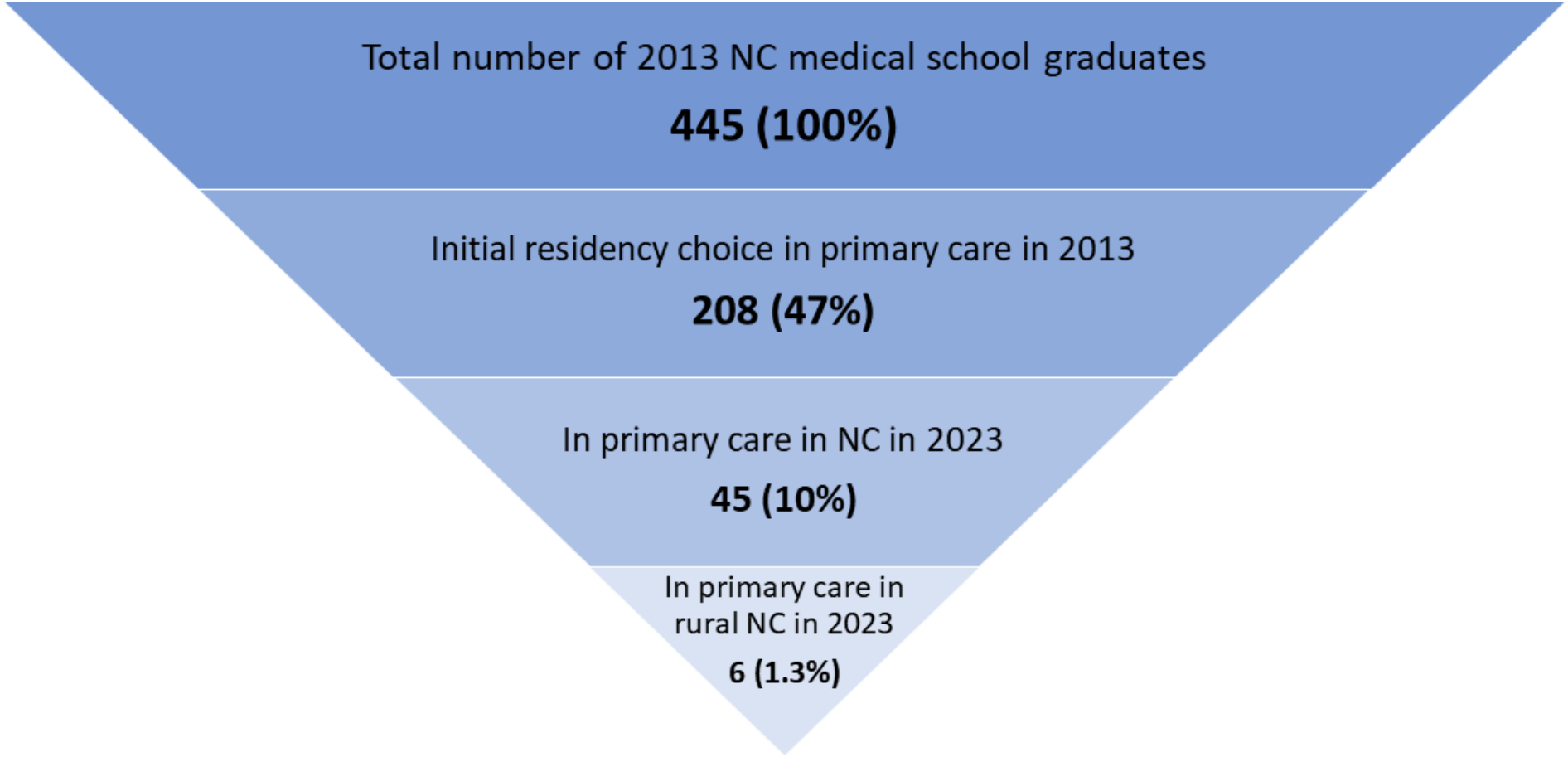
*Primary Care Residency Specialty includes Family Medicine, Internal Medicine, Pediatrics, Internal Medicine-Pediatrics, and Obstetrics/Gynecology.
Sources: Bowman Gray Center for Medical Education, Wake Forest University; Brody School of Medicine, East Carolina University; Duke University School of Medicine; Campbell University Jerry M. Wallace School of Osteopathic Medicine; and University of North Carolina School of Medicine.

2018 NC Medical School Graduates: Retention in Primary Care in NC's Rural Areas 5 years later



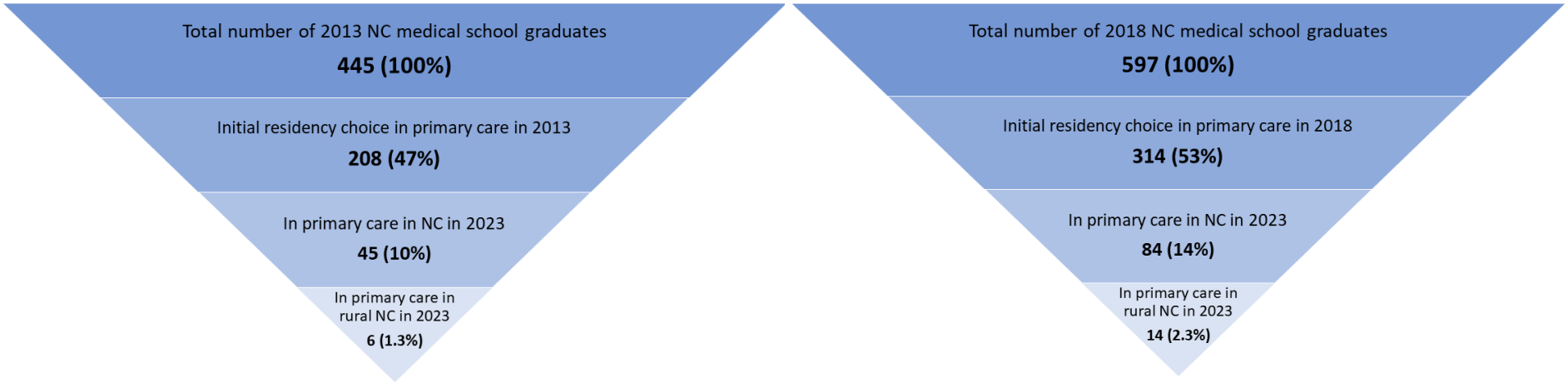
Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools 2023. Rural source: US Census Bureau and Office of Management and Budget, July 2023. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.

2013 NC Medical School Graduates: Retention in Primary Care in NC's Rural Areas 10 years later



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools 2023. Rural source: US Census Bureau and Office of Management and Budget, July 2023. "Core Based Statistical Area" (CBSA) is the OMB's collective term for Metropolitan and Micropolitan Statistical areas. Here, nonmetropolitan counties include micropolitan and counties outside of CBSAs.

NC Medical School Graduates: Retention in Primary Care in NC's Rural Areas 5 & 10 years later



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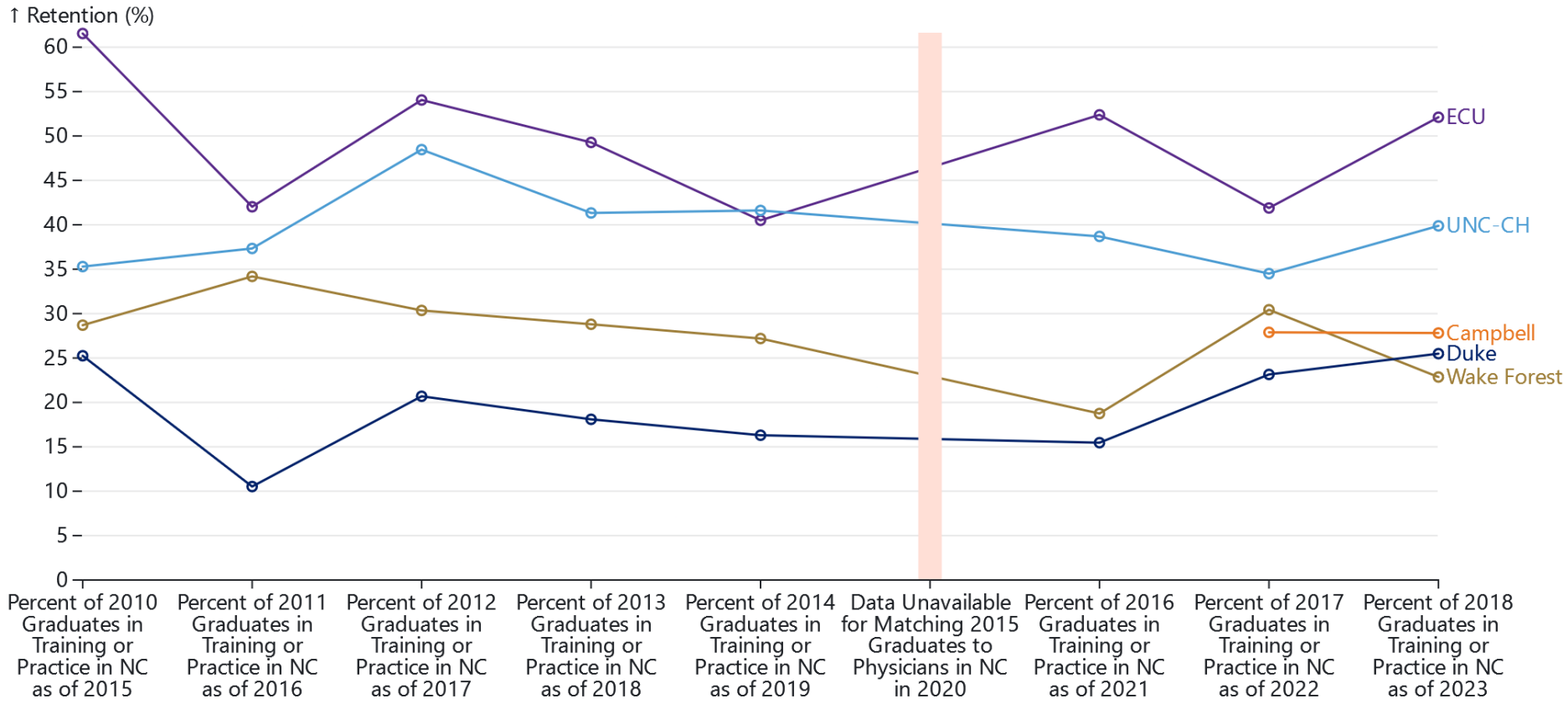
A greater percent of grads from public medical schools are retained in NC five years after graduating

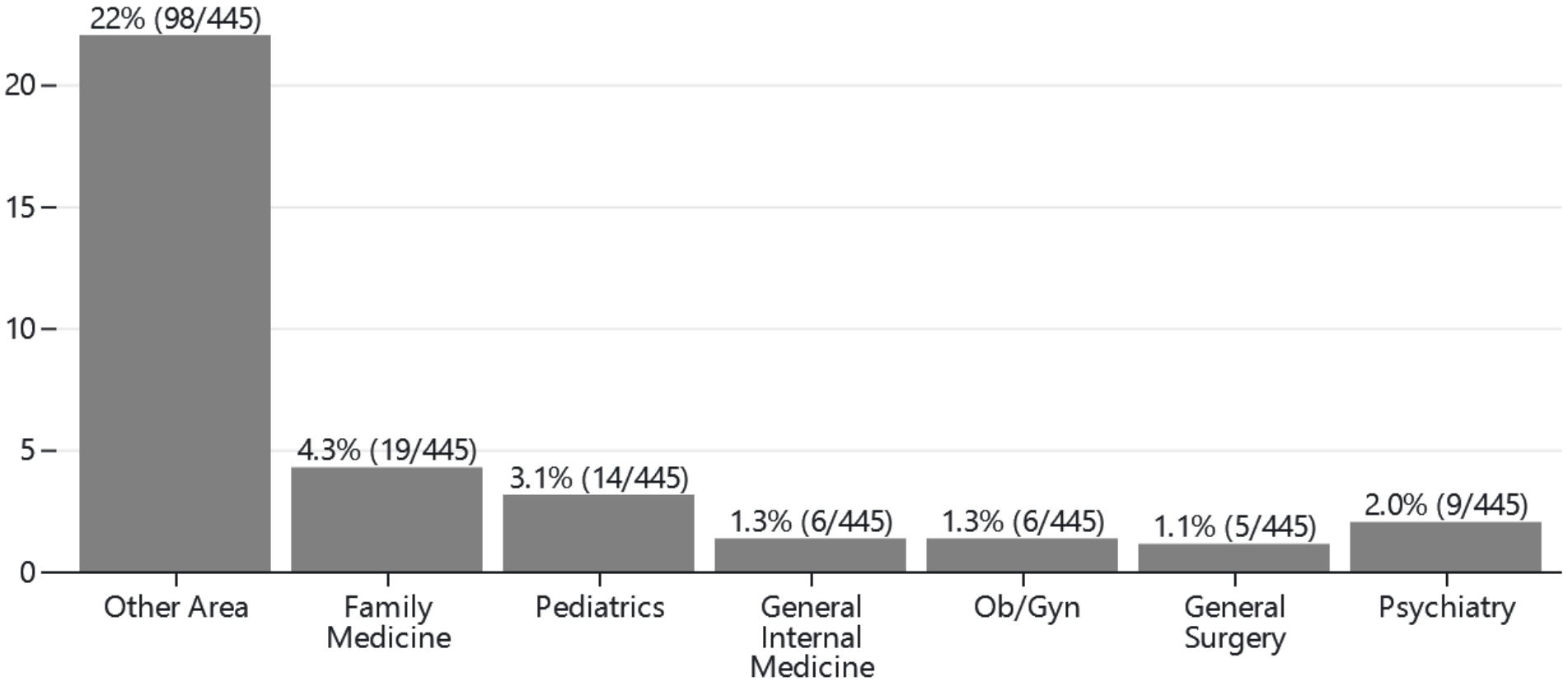
Percent of NC Medical School Graduates in Training or Practice in North Carolina Five Years After Graduating, Graduating Classes of 2010-2018



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools, 2023.

4.3% of 2013 graduates are practicing family medicine in North Carolina

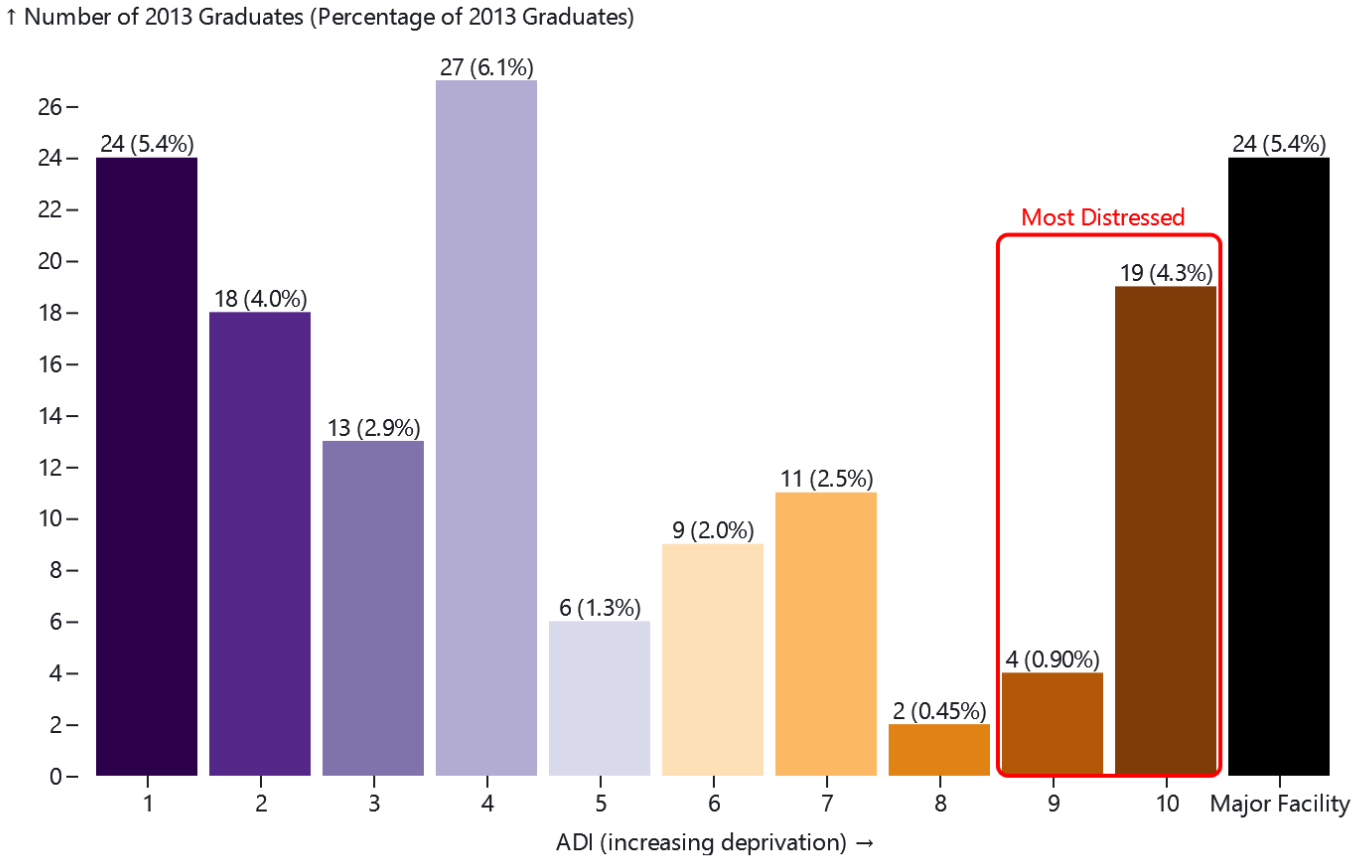
Percentage of 2013 Medical School Graduates Practicing or Training in Primary Care in North Carolina by Area of Practice in 2023



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board, and the respective schools, 2023.

Over 5% (23/445) of NC's 2013 med school grads worked in the most economically distressed NC neighborhoods in 2023

Neighborhood Disadvantage Status of the 2023 Primary Practice Location for Physicians Who Graduated from an NC Medical School in 2013



Produced by the Program on Health Workforce Research and Policy, Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Source: North Carolina Health Professions Data System with data derived from the NC Medical Board and the respective medical schools, 2023. ADI Score obtained from the University of Wisconsin School of Medicine Public Health. 2021 Area Deprivation Index v4.0.1 Downloaded from https://www.neighborhoodatlas.medicine.wisc.edu/ October 5, 2023.

Practice In Safety Net Settings

- Safety net facilities (FQHCs, Critical Access Hospitals, etc.) provide health care to uninsured, Medicaid, and other vulnerable populations
- 14 graduates from the class of 2018 were in practice in NC DHHS safety net facilities in NC in 2023
- 5 graduates from the class of 2013 were practicing in NC DHHS safety net facilities in 2023

Next Year: Graduate Medical Education Outcomes

Table 3 *(Condensed)*. Resident Retention Five Years After Graduation for Residents Graduating in 2008, 2009, 2010 or 2011

	Total Number of Residents	Retention of Residents in North Carolina After Five Years		Retention of Residents in Rural North Carolina After Five Years	
		#	%	#	%
Psychiatry	110	63	57.3%	12	10.9%
Internal Medicine/Pediatrics	62	33	53.2%	3	4.8%
Family Medicine	351	174	49.6%	17	4.8%
Pediatrics	262	116	44.3%	3	1.1%
Anesthesiology	152	63	41.4%	5	3.3%
Internal Medicine	662	268	40.5%	9	1.4%
Neurology	46	17	37.0%	3	6.5%
Urology	26	9	34.6%	1	3.8%
Obstetrics and Gynecology	145	50	34.5%	4	2.8%
Surgery	183	62	33.9%	8	4.4%
Neurological Surgery	18	3	16.7%	0	0.0%

Notes: The values in this table are derived from aggregating the workforce outcomes of four cohorts of residents who completed training in 2008, 2009, 2010, or 2011. We used North Carolina Medical Board licensure data to determine the location and primary area of practice for each physician five years after graduation, e.g., for a resident who completed training in 2008, we used 2013 NC Medical Board data to determine his/her location and primary area of practice. Rural areas are based on 2015 Office of Management and Budget metropolitan status codes and 2010 US Census Bureau Rural-Urban Commuting Area (RUCA) codes. Rural areas are either a) in a nonmetropolitan county or b) in an area within a metropolitan county that has a RUCA code of 4 or greater.